



HEALTHIER WORKPLACES | A HEALTHIER WORLD

FROM TWH TO TOTAL COMMUNITY HEALTH:

Exploring ideas to further improve the health,
safety, and well-being of America's workers

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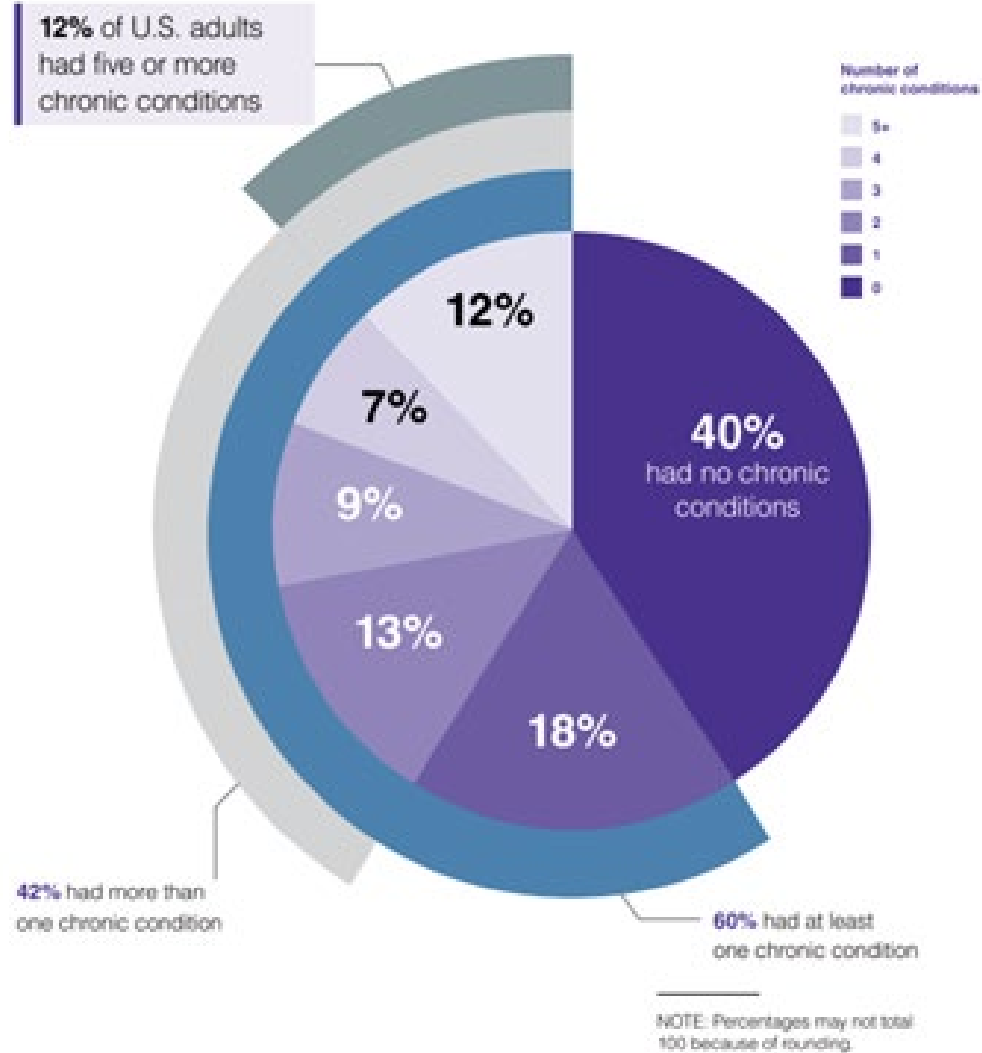
Yuma Pacific, 23 January 2025

AMERICAN HEALTH DISADVANTAGE

- Compared to other wealthy nations, Americans experience higher prevalence of poor health conditions, from diabetes to alcohol-related car crashes,
- Have lower life expectancies,
- And our workers are less healthy and have less access to and pay more for healthcare.

A wicked problem!

Figure 1.1. Percentage of U.S. Adults with Chronic Conditions, by Number of Chronic Conditions (2014)



What is a chronic condition?

A chronic condition is a physical or mental health condition that lasts more than one year and causes functional restrictions or requires ongoing monitoring or treatment.⁷

60% of U.S. adults have at least one chronic health condition.

42% have >1 chronic condition.

Rising Occupational Fatalities

- Reportable work-related injury deaths
 - 13,800 to 13,500 workers die on the job annually, 1969 – 1974 (AFL-CIO)
 - Low of 4551 in 2009 (Brown, 2020)
 - 5283 in 2023 (U.S. BLS, 2025).
- Fatalities attributable to occupational illnesses
 - ~49,000 annual deaths in the U.S. from selected occupational diseases (Steenland et al., 2003), based on 1997 data
 - ~53,000 based on 2007 data (Leigh, 2011).
- Estimated fatalities resulting from occupational illnesses
 - 50,000 – 60,000 per year in 2007
 - ~120,000 in 2021 (not including COVID-19) (AFL-CIO, 2024)

HOW MUCH DOES THE HEALTH DISADVANTAGE COST US?

- “Poor worker health costs U.S. employers \$575 billion a year from everything from lost productivity due to worker absence and chronic conditions to injuries leading to workers compensation, according to a new analysis.” (Japsen, Forbes, 2020)
- Costs to businesses, direct and indirect (US Surgeon General)

Table 1.2 Indirect costs to U.S. employers due to diabetes

Problem	Productivity losses	Costs (\$ billion)
Reduced productivity days among persons not in labor force	14 million days	2.3
Work days absent	14 million days	3.3
Mortality	277,000 deaths	19.9
Reduced performance at work	114 million days	26.9
Reduced labor force participation due to disability	182 million days	37.5
Total	—	89.9

Per year!

The health disadvantage is not equally distributed.

- “In the United States, health disparities exist by race and ethnicity and by educational level due to differential exposure to environmental risks and access to health care and socioeconomic opportunities and resources.
- Compared to 2014, when researchers estimated that the economic burden of racial and ethnic health disparities in the United States was \$320 billion, a new, follow-up study funded by NIMHD estimates the 2018 economic burden at \$451 billion. This new study also estimates the burden of education-related health disparities at \$978 billion.”

SOCIAL DETERMINANTS OF HEALTH

- SDOH are the “non-medical factors that influence health outcomes” (WHO, undated; (CDC, 2022)).
- These are the conditions under which we live our lives and include factors ranging from housing, education, and work life situations to social, economic, and political systems.
- 5 key domains of SDOH:
 - *economic stability*;
 - education access and quality;
 - health care access and quality;
 - neighborhood and built environment; and
 - social and *community context* (U.S. Healthy People 2030 framework Department of HHS, undated).
- Many of the SDOH perpetuate the disparities in occupational exposures and risks and the resulting health outcomes (e.g., education may influence the job that a person has) (Flynn et al., 2021).

WHAT ARE OCCUPATIONAL HEALTH INEQUITIES

- “Health equity is achieved when everyone can attain their full potential for health and well-being.”
 - “Not all workers have the same risk of experiencing a work-related health problem, even when they have the same job.”
 - What are some examples of workers who experience higher risks of work-related health problems?
- NIOSH, Occupational Health Equity Program, 2024.



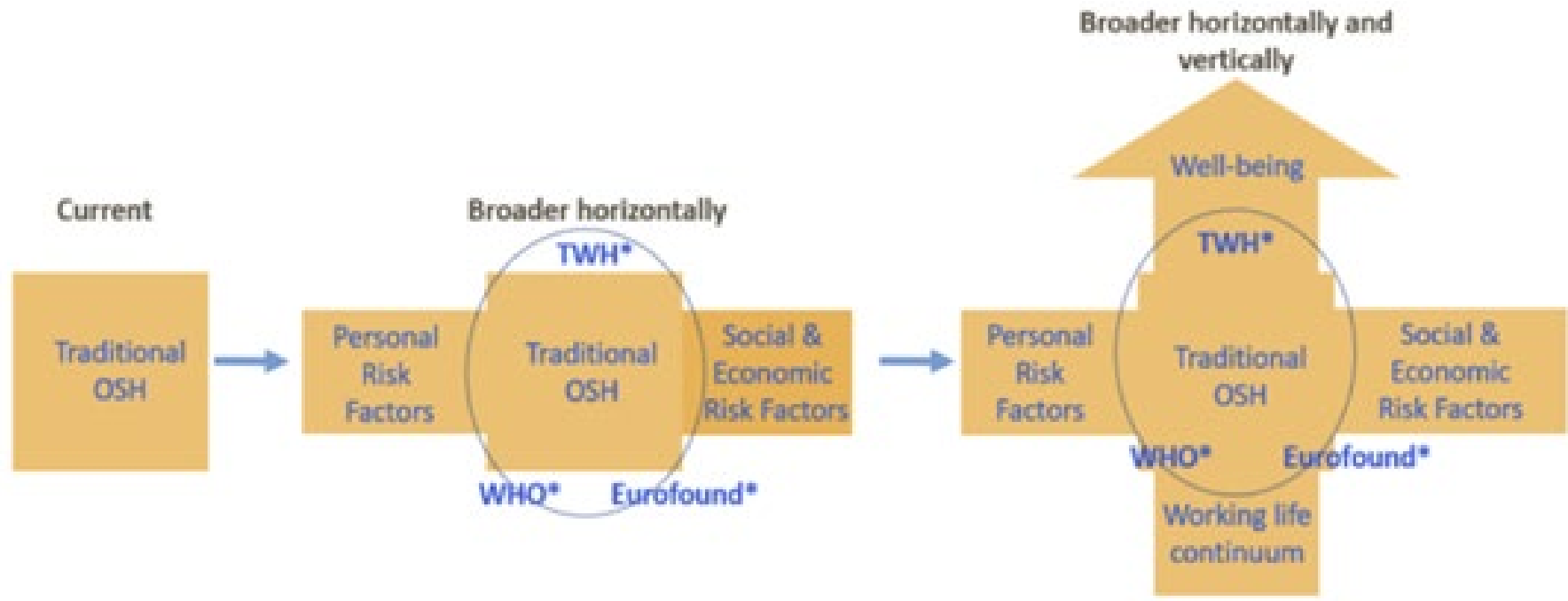
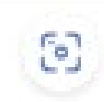
FOR EXAMPLE ...

- Foreign-born Latino workers are more likely to die on the job than US born Latinos.
- Temporary workers are more likely to be injured at work than permanent employees.
- Female employees are less likely to find properly fitting PPE than their male counterparts.
- Additional disparities revealed during the COVID pandemic

How do we solve occupational health inequities?

- Start in the workplace?
 - Minimize precarious work by **supporting decent work** for all as a public health goal (UNSDG #8, ILO, APHA)
 - “...**integrated approaches**, consistent with a TWH approach, can be leveraged to reduce health inequities among workers” (Baron et al., 2014).
 - “...addressing these inequities ... will require a more holistic approach that accounts for the social contexts within which occupational injuries and illnesses occur. A **biopsychosocial approach** explores ...interactions between biological phenomena, psychological factors, and social contexts ...” (Flynn et al., 2021)
 - **Expanded Focus** for OSH (Schulte et al., 2019; Schulte and Felknor, 2020)

Expanded Focus for Occupational Safety and Health



*Builds on Total Worker Health (TWH), WHO (2010), Eurofound (2016)

Figure 1

Community health is worker health

- Or start in the community?
 - TWH approach, CPH-NEW “Total Worker Health” Integration Model
 - *Beyond the Four Walls: Why Community Is Critical to Workforce Health*
 - “Major employment sectors with unhealthy workforces are more likely to be located in counties with poor health, demonstrating the linkage between community and workforce health.”
 - *Community Health and Economic Prosperity*
 - Although people and governments are interested in **improving the vital conditions**, businesses have a particular interest because doing so promotes a rich local network of businesses, suppliers, employees, colleagues, and clients, and **creates (a) healthier employees (and families)** with more skills and greater productivity...



TOTAL WORKER HEALTH
Prevention and Control of Hazards and Exposures

Issues Relevant to Advancing Worker Well-Being Using Total Worker Health® Approaches

- Prevention and Control of Hazards and Exposures**
 - Biological Agents
 - Chemicals
 - Ergonomic Factors
 - Physical Agents
 - Psychosocial Factors
 - Risk Assessment and Management
- Built Environment Supports**
 - Accessible and Affordable Health Enhancing Options
 - Clean and Equipped Breakrooms, Restrooms, and Lactation Facilities
 - Healthy Workspace Design and Environment
 - Inclusive and Universal Design
 - Safe and Secure Facilities
- Community Supports**
 - Access to Safe Green Spaces and Pathways
 - Healthy Community Design
 - Safe and Clean Environment (Air and Water Quality, Noise Levels, Tobacco-Free)
 - Safe, Healthy, and Affordable Housing Options
 - Transportation and Commuting Assistance
- Compensation and Benefits**
 - Adequate Wages and Prevention of Wage Theft
 - Affordable, Comprehensive, and Confidential Healthcare Services
 - Chronic Disease Prevention and Management Programs
 - Continual Learning, Training, and (Re-)skilling Opportunities
 - Disability Insurance (Short- and Long-Term)
 - Employee Assistance and Substance Use Disorder Programs
 - Equitable Pay, Performance Appraisals, and Promotions
 - Minimum Guaranteed Hours
 - Paid Time Off (Sick, Vacation, Caregiving, Parental)
 - Prevention of Healthcare Cost Shifting to Workers
 - Retirement Planning and Benefits
 - Work-Life Programs
 - Workers' Compensation Benefits
- Healthy Leadership**
 - Collaborative and Participatory Environment
 - Corporate Social Responsibility
 - Responsible Business Decision-Making
 - Supportive Managers, Supervisors, and Executives
 - Training
 - Worker Recognition, Appreciation, and Respect
- Organization of Work**
 - Adequate Breaks
 - Comprehensive Resources
 - Fatigue, Burnout, Loneliness, and Stress Prevention
 - Job Quality and Quantity
 - Meaningful and Engaging Work
 - Safe Staffing
 - Work Intensification Prevention
 - Work-Life Fit
- Policies**
 - Elimination of Bullying, Violence, Harassment, and Discrimination
 - Equal Employment Opportunity
 - Family and Medical Leave
 - Human and Natural Resource Sustainability
 - Information Privacy
 - Judicious Monitoring of Workers and Biomonitoring Practices
 - Optimizing Function and Return-to-Work
 - Prevention of Stressful Job Monitoring Practices
 - Reasonable Accommodations
 - Transparent Reporting Practices
 - Whistleblower Protection
 - Worker Well-Being Centered
 - Workplace Supported Recovery Programs
- Technology**
 - Artificial Intelligence
 - Robotics
 - Sensors
- Work Arrangements**
 - Contracting and Subcontracting
 - Free-Lance
 - Global and Multinational
 - Multi-Employer
 - Non-Standard
 - Organizational Restructuring, Downsizing, and Mergers
 - Precarious and Contingent
 - Small- and Medium-Sized Employers
 - Temporary
 - Unemployment and Underemployment
 - Virtual
- Workforce Demographics**
 - Diversity and Inclusivity
 - Multigenerational
 - Productive Aging across Lifecourse
 - Vulnerable Workers
 - Workers with Disabilities

Total Worker Health® is a registered trademark of the US Department of Health and Human Services

Updated January 2020

https://www.cdc.gov/niosh/docs/2017-112/pdfs/2017_112
 (no longer available) aiha.org | 54

Community Supports

- Access to Safe Green Spaces and Pathways
- Healthy Community Design
- Safe and Clean Environment (Air and Water Quality, Noise Levels, Tobacco-Free)
- Safe, Healthy, and Affordable Housing Options
- Transportation and Commuting Assistance

CPH-NEW Total Worker Health® “Integration” Model



Punnett et al., 2020.



BEYOND THE FOUR WALLS:

Why Community Is Critical
to Workforce Health

JULY 2015

- Oziransky et al. presented “county health data to demonstrate **linkages between workforce and community health**,” and results of their quantitative analysis of “employment sector associations with county health risk and disease burden”
- They identified correlations (but not causation) between employment sector and health at the local level.
- They also interviewed representatives of 26 organizations with the aim of determining what strategies employers were using to improve the health of communities and their long-term profitability.

Oziransky et al., 2015.

Community Health and Economic Prosperity

Engaging Businesses as Stewards and Stakeholders—
A Report of the Surgeon General



U.S. Department of Health and Human Services

- *Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders. A Report of the Surgeon General*
- January 2021, 292 pages
- <https://www.hhs.gov/sites/default/files/ch-ep-sgr-full-report.pdf>
- Describes the U.S. health disadvantage and the importance of strengthening communities and improving the health of residents.
- Offers recommendations for how businesses can address the U.S. health disadvantage by engaging with and investing in communities
- Creating value, lowering business costs, and improving the health of employees and other stakeholders

The U.S. health disadvantage has its roots in communities where the 7 vital conditions that shape health, wealth, and well-being are unmet.

- basic needs for health and safety
- meaningful work and wealth
- humane housing
- reliable transportation
- thriving natural world
- life-long learning
- belonging and civic muscle



COMMUNITY-STRENGTHENING BUSINESS PRACTICES

- When people and communities don't thrive, businesses can't thrive.
- Business investment in communities and the vital conditions for health, wealth, and well-being can return:
 - “Healthier workers and lower healthcare costs,
 - More productive on-the-job employees,
 - Greater ability to recruit and retain talent,
 - Greater brand recognition and more loyal customers, and even
 - Greater profitability.”

ORGANIZATIONS WITH COMMUNITY-STRENGTHENING BUSINESS PRACTICES

- American Express
- Bank of America
- Belden, Inc.
- Bon Secours Mercy Health
- Centene Corporation
- The Chickasaw Nation
- Cleveland Clinic
- CommonSpirit Health (legacy Dignity Health)
- Fairview Health Services
- First Step Staffing
- Fund for Quality
- Grads of Life
- Greater Kansas City Chamber of Commerce
- Greyston Bakery
- Hillenbrand, Inc.
- HomeStart
- Hyatt Hotels Corporation
- JPMorgan Chase
- King Arthur Flour
- Metropolitan State University
- Morgan Stanley
- Nehemiah Manufacturing Company
- New Orleans Business Alliance
- Oklahoma City County Health Department and the Greater Oklahoma City Chamber of Commerce
- Partnership for the Bay's Future
- Patagonia®
- Prudential Financial
- Quicken Loans
- The Reinvestment Fund
- Rutgers University—Newark
- RWJBarnabas Health
- Shakopee Mdewakanton Sioux Community
- The Sherwood Foundation
- Sodexo
- Starbucks
- University Hospitals Rainbow Center for Women and Children
- University of Massachusetts Memorial Health Care
- UnitedHealthcare
- Virginia Commonwealth University
- The Wonderful Company

EXEMPLAR ORGANIZATIONS*

- Belden, Inc.: Pathways to Employment
 - Rehabilitation and **employment** program
- Partnership for the Bay's Future: A High-Impact Model for Investment
 - Investment partnerships to address urgent need for **housing**
- Hyatt Hotels Corp.: An Opportunity Partnership
 - Addressed **unemployment** among young adults who are not in school and not in the workforce (opportunity youth)
- The Reinvestment Fund: A CDFI Uses Data to Expand Food Retail in Ohio
 - **food hardship** in households with children
- The Chickasaw Nation: Investing in Community
 - installing a 250-mile **fiber optic cable** that would encircle the Chickasaw Nation's territorial boundaries
- Greyston Bakery: Baking with Purpose
 - Open **Hiring** for people with poor job prospects
- Bank of America: The Path to Participation
 - **Hire** from residents of low-to-moderate income areas
- Grads of Life: Helping Businesses Build a Talent Pipeline
 - Innovative tools and resources that help remove **employment barriers** for opportunity youth

COMMON CHARACTERISTICS

- Organization viewed situation as a **business and community problem**, and addressed it with a business solution, in **partnership with others** in the community, e.g.,
 - Limited pool of eligible hires,
 - Lack of community-wide highspeed internet.
 - Food desert



BELDEN, INC.: PATHWAYS TO EMPLOYMENT

- Problem: pre-employment drug screen failure rate was 10 – 15%
- Solution: A rehabilitation and employment program
- Approach:
 - Convened team of healthcare services, local community college, hiring specialists, and an addiction specialist
 - Developed Pathways to Employment Program, launched pilot in February 2018
 - Provides 18 months of support to applicants who are hired by Belden
- Outcome: By 2019, of 34 employees, 12 were in machine operating roles, 12 left the program, and 10 were in lower risk roles.
- Outreach:
 - Available to current employees
 - Blueprint was developed for other organizations to develop similar programs
- Board comment: “If you’re not going to do something about this, who is?”

THE CHICKASAW NATION: INVESTING IN COMMUNITY



- Problem: >60% of people in the Chickasaw Nation's 13-county service area in OK had no access to broadband Internet service
- Solution: Drawing upon their robust revenue stream, install a 250-mile fiber optic cable to encircle the Chickasaw Nation's territorial boundaries
- Approach: The Chickasaw Nation formed an LLC which worked with financial institutions, developed a team of contracting partners, and communicated with stakeholders, aided by The State of Oklahoma and the Oklahoma Community Anchor Network.
- Outcome: Expected to (a) provide more than 180 locations with high-speed Internet connectivity by the end of 2020 and (b) obtain a return on investment within 7 years. Today the Trace Fiber Network serves 13.5 county territories.
- Outreach: Service available by location, not by tribal membership.
- Comment: Enhancing education, economic development, housing, and career opportunities "builds a foundation of prosperity that plays an important role in promoting community health."
(Chickasaw Governor)

THE REINVESTMENT FUND: A CDFI USES DATA TO EXPAND FOOD RETAIL IN OHIO



- Problem: Dayton, OH, ranks in the worst ¼ of cities in the nation for rates of food hardship in households with children (e.g., the Salem Avenue corridor, with ~1/3 of households receiving SNAP benefits).
- Solution: Conduct needs assessment which led to a worker- and member-owned grocery store
- Approach: Community steering committee partnered with Greater Dayton Union Cooperative Initiative; Miami Valley; Community Action Partnership; Greater Dayton Premier Management; the Reinvestment Fund; Dayton Regional New Markets Tax Credit Fund, and PNC Bank.
- Outcome: Gem City Market is a full-service store focusing on affordable products, featuring a teaching kitchen for classes and programs on nutrition and other topics, open to all, a community room, a mini health clinic, and a coffeehouse.
- Outreach: Memberships are available, but anyone can shop there.
- Comment: “A powerful sense of community, because this store was built by us, for us!”

SOLUTIONS

- 1. Learn More About Your Stakeholders
 - Fully understand the cost of poor health and other community challenges and the impact of these challenges on your company.
 - Join the dialogue on community health, wealth, and well-being.
 - Meaningfully engage all stakeholders on ways to optimize value.
 - Identify the interdependencies between your company and your stakeholders and between your business and society, and work toward ways of operating that benefit these stakeholders and society.

- **2. Foster a Culture of Stewardship**
 - Embrace the positive role of business to strengthen communities.
 - Support local, state, and federal policies that meaningfully increase economic opportunities and equitably improve the health of communities, employees, and families.
 - Use hiring and procurement tools to strengthen communities and explore opportunities to unleash untapped potential at the local level.
 - Invest business profits in strengthening communities.

- **3. Develop Strategic Cross-Sector Partnerships**
 - Collaborate with local, regional, and national partners to implement effective solutions.
 - Partner with community development corporations and community development financial institutions.

- 4. **Measure Performance Using Meaningful Indicators of Community Health and Well-Being**
 - Ensure that philanthropic giving strengthens community health and economic prosperity.
 - Redefine productivity in the value chain to include the economic costs from societal problems.
 - Align wages, salaries, and benefits with the needs of a healthy, equitable, and prosperous society.
 - Create shared value for companies and communities by combining social purpose with business opportunities.

WORK-LIFE CONFLICT AND THE FAMILY-FRIENDLY WORKPLACE

- Colorado Center for Health, Work & Environment and the Colorado Department of Public Health and Environment
- Created a toolkit for employers to learn more on how to best support workers who have caregiving roles.
- The Colorado Family-Friendly Workplace Toolkit
- <https://www.cdc.gov/niosh/twh/newsletter/twhnewsv12n3.html#practice>
- <https://tcsrc.org/wp-content/uploads/2020/12/Family-Friendly-Workplace-Toolkit.pdf>

FAMILY-FRIENDLY WORKPLACES CONSIDER:



LIVING WAGES IN COLORADO
different from minimum wages



COMPREHENSIVE HEALTH BENEFITS
including dental and vision



PAID LEAVE POLICIES
that support all employees



CAREGIVING RESPONSIBILITIES FOR EMPLOYEES
child care, elder care, dependent care



FLEXIBILITY
in location and hours



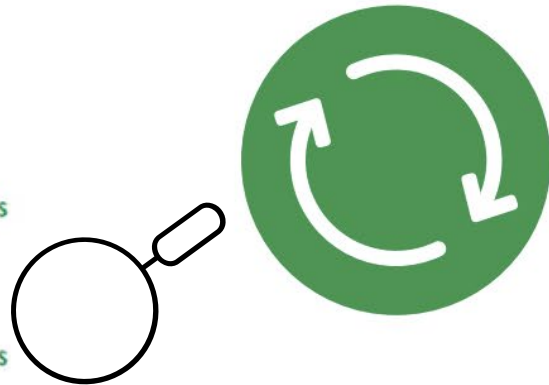
SUPPORTIVE SERVICES
and other resources



CAREER DEVELOPMENT OPPORTUNITIES
for all employees



COMMUNITY INVOLVEMENT STRATEGIES
corporate social responsibility



COMMUNITY INVOLVEMENT STRATEGIES
corporate social responsibility



COMMUNITY INVOLVEMENT STRATEGIES

corporate social responsibility

National Center for Atmospheric Research (NCAR)

- On-site child-care facility, operated by Bright Horizons
- Open to the surrounding community, with room for 80 children
- Employee families receive priority enrollment

- **Support community initiatives** and organizations that promote the interests of working parents.
 - **Support local schools** by sponsoring teams; offering free or discounted meeting spaces; or providing food, clothing, books or other needed items.
 - **Support local projects.** Offer your staff paid volunteer hours to help others, gain hands-on experience and demonstrate social responsibility.
 - **Offer training** to the community; offering individuals the opportunity to learn a trade or new skill.
-
- Community involvement supports the needs of individuals and promotes your brand as a local ambassador and an organization that cares.

UIC CENTER FOR HEALTHY WORK (NIOSH TWH COE)

Healthy Work Collaborative: Examples from the Field

Partnerships to advance *Total Worker Health*® through policy, systems, and environmental change



Healthy Communities through Healthy Work

- Greater Lawndale Healthy Work
 - Research project to operationalize TWH to build culture of healthy work at the community level
 - OH and CH scientists and community members from 2 underserved communities in Chicago with high rates of precarious employment
 - Community-based participatory research

European Region, WHO

Key Themes

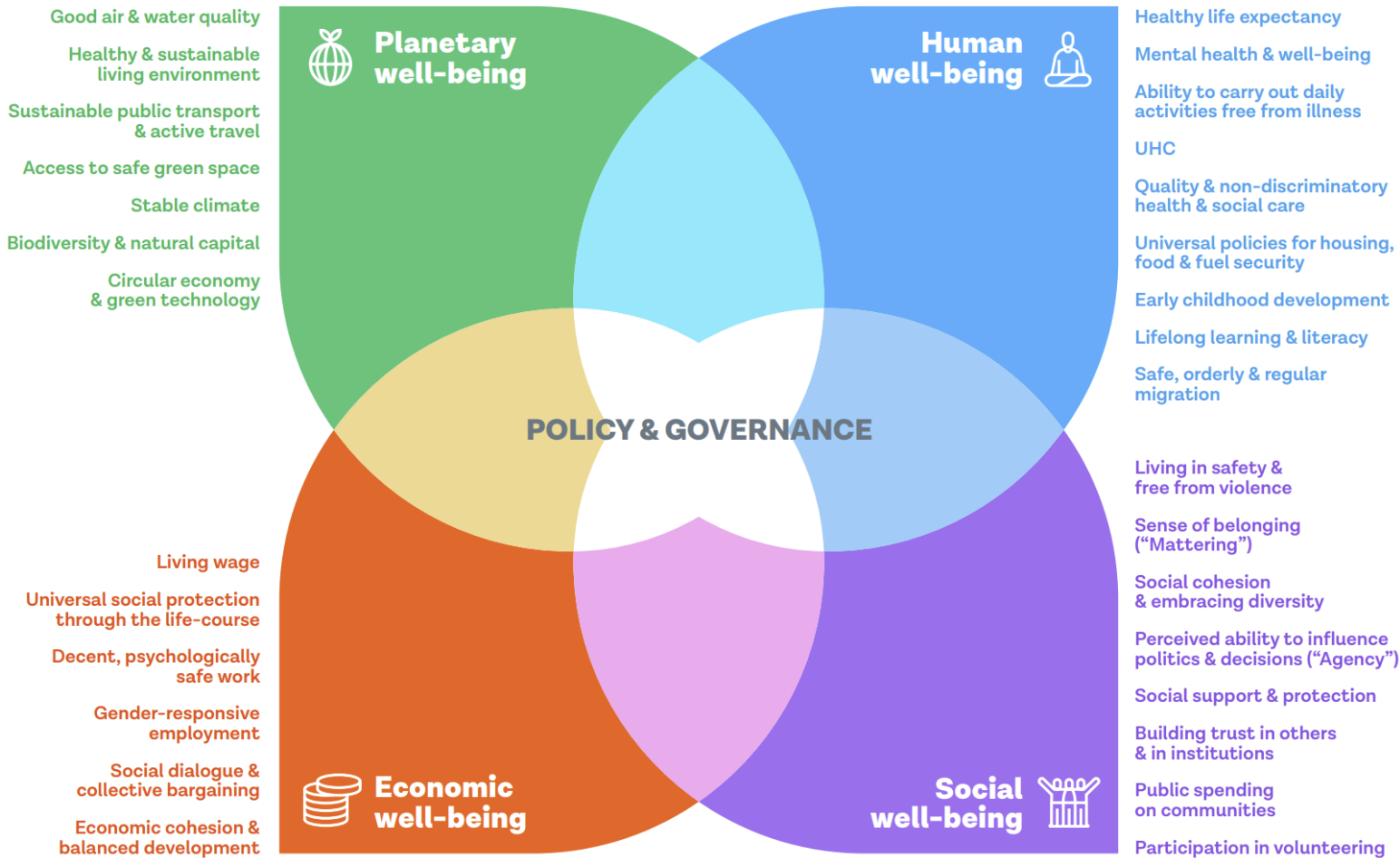
- Putting well-being at the center to tackle challenges
- Concern that markets alone can't solve challenges
- Unlocking investments and policies
- Value of healthy population

WHO, 2023,

https://www.who.int/docs/librariesprovider2/default-document-library/wb_health-as-a-driver_24-01-26.pdf



FIG. 1
Well-being capitals



Well-Being Capitals

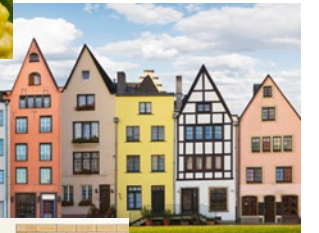
Source: WHO analysis, building on OECD well-being framework.



From TWH to Total Community Health?



Community engagement
Integrated solutions
Collaborative partnerships



Thriving, Healthy Communities!







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AIHA Grand Challenges For Worker Health, Safety, And Well-being: Promoting Occupational Health Equity And Eliminating Precarity In The Workplace

- 1. WORKERS: Reduce inequities in the workplace, including those due to gender, race, age, class, and social determinants of health (SDOH) , and establish work and workplaces as determinants of health.
 - a. Identify and address the root causes of occupational health inequities.
 - b. Encourage organizations to focus on SDOH (conditions in which people are born, grow, live, work, play, and age) and create organizational “cultures of health” that prioritize health equity.
 - c. Recognize work and the workplace, including work arrangements and conditions, as determinants of health.
 - d. Develop multifactorial approaches to support workers with chronic health conditions and ensure that they can manage their condition(s) while working to the best of their capacity.
 - e. As IH/OEHS professionals, deepen our own awareness and understanding of the social context of worker health, safety, and well-being.

AIHA Grand Challenges For Worker Health, Safety, And Well-being: Promoting Occupational Health Equity And Eliminating Precarity In The Workplace

- 2. COMMUNITY: Improve community health through innovative, cross-sectoral partnerships.
 - a. Recognize the linkages between worker and community health, and how the U.S. health disadvantage can be addressed.
 - b. Work to improve the health of the communities in which people live and work, e.g., by promoting the vital conditions for community health.
 - c. Encourage businesses and other organizations to form cross-sectoral partnerships to improve worker health, community health, and economic prosperity.

AIHA Grand Challenges For Worker Health, Safety, And Well-being: Promoting Occupational Health Equity And Eliminating Precarity In The Workplace

- 3. WORK: Minimize precarious work by supporting a public health goal of work that promotes health, safety, and well-being for all, including children.
 - a. Develop multiple approaches to protect workers engaged in precarious work, such as the gig economy and informal sector.
 - b. Advocate for adoption and enforcement of strong child labor legislation, data collection on child labor, training of workers and management, and corporate responsibility for young workers.
 - c. Establish partnerships and collaborations across industry, government, and public health to develop and evaluate metrics, activities, and policies to develop and support implementation of a decent/healthy work strategic framework for the United States.

AIHA Grand Challenges For Worker Health, Safety, And Well-being: Promoting Occupational Health Equity And Eliminating Precarity In The Workplace

- 4. VOICE: Issue a global call to action for worldwide worker health, safety, and well-being, including workers, worker organizations, professional associations, and other advocates for workers.
 - a. Support a coalition of occupational health organizations in issuing a Global Call to Action on OHS.
 - b. Support initiatives such as incorporation of OHS requirements into grants and loans from global financial institutions and funders, support the re-establishment of the joint ILO-WHO Committee on Occupational Health, and explore more ambitious goals and targets for OSH in the UN Sustainable Development Goals, including a target of 50% reduction in global occupational illness, injury, and death by 2050.